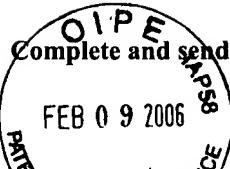


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
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7590 12/29/2005

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Kent J Sieffert
Shumaker & Sieffert P A
8425 Seasons Parkway
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St. Paul, MN 55125

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Connie M. Scheff (Depositor's name)

Connie M. Scheff (Signature)

February 6, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,101	07/06/2001	Brent Carlson	2003696-0003	4414 1035-0001u501

TITLE OF INVENTION: TARGETED ASSET CAPTURE, IDENTIFICATION, AND MANAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No Yes	\$1400 \$700	\$300 \$300	\$1700 \$1000	03/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHAVIS, JOHN Q	2193	717-120000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Shumaker & Sieffert,
2 _____
3 _____
P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. **02/10/2006 DENNANU2 00000034 09900101**

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LogicLibrary, Inc.

Oakmont, Pennsylvania

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP
03 FC:8001 9.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1778 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

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